

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

AACAP Tabletop Exhibit Application Form

Organization Name: _____

Contact Person: _____

Type of product/service: _____

Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Daytime Phone: _____ Fax: _____

E-mail: _____

We request a tabletop exhibit at the following meetings:

Booths assigned on a first-come, first-served basis. Save money by exhibiting at all 3!

___ **2010 Psychopharmacology Update Institute** \$700

January 22-23, 2010 New York City

___ **2010 Lifelong Learning Institute:** \$400

Module 6

March 26-27, 2010 Seattle, WA

___ **2010 Review Course** \$500

April 21-24, 2010 Cincinnati, OH

___ **I want to save 15% by exhibiting at all 3 institutes for a total of \$1,360**

Payment Options: ___ Check ___ American Express ___ MasterCard ___ Visa

Amount to be charged \$ _____

Credit Card # _____ Expiration Date _____

Signature: _____

Credit Cards Only: Fax invoice to 202.966.5894 or 202.966.2891

Attention: Meetings Manager

Check or Money Order: Make payable to AACAP (US funds only).

Mail form along with payment to AACAP, Meetings Manager, P.O. Box 96106, Washington, DC 20090-6106